



## *City of Granite City*

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

Dear Applicant,

Thank you for choosing the City of Granite City to conduct business. The business community is a vital ingredient in the continuing growth of the City.

The application process that you will begin is a procedure that under normal circumstances, will take approximately 14-21 days to complete. Building and/or fire code concerns may add to this time frame. Information has been enclosed that you may find useful, please feel free to call us with any questions.

Once again thank you for choosing Granite City.

Sincerely,

Steve Willaredt  
Building & Zoning Administrator



# *City of Granite City*

## **Application for General Business License**

License # \_\_\_\_\_

**Print or Type Only**

Type of Business \_\_\_\_\_ EIN. # \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Is there a different address for mailing?

\_\_\_\_\_

### **Business Owner Information:**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

### **Manager (Local Contact) Information:**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

## **Property Owner Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

## **Type of Business (Description)**

Will this be a home occupation? ☐ Yes ☐ No

Is this business incorporated? ☐ Yes ☐ No

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Will your Business have any type of vending or amusement machines? ☐ Yes ☐ No

If yes, describe the machines: \_\_\_\_\_

Will your Business have any type of live entertainment? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Will your Business sell alcoholic beverages for consumption or packaged liquor in the building?

☐ Yes ☐ No

Have you ever held a business license from any other City or Village? ☐ Yes ☐ No

If yes, What City? \_\_\_\_\_ When \_\_\_\_\_

Have you ever been refused a Business License in this city or any other? ☐ Yes ☐ No

If yes When \_\_\_\_\_

What city? \_\_\_\_\_ Reason for refusal \_\_\_\_\_

Have you been convicted of a felony in the past 10 years? ☐ Yes ☐ No

**Applicant:** (Please attach a readable copy of Driver's License, information to be used by Police Department only)

All indebtedness to the City must be paid in full before any Business License will be issued.

**Affidavit  
City of Granite City**

I \_\_\_\_\_, d/b/a \_\_\_\_\_, have completed and submitted an application for a Business License in the City of Granite City, Illinois, with the knowledge that this does not indicate that I have been licensed to operate a business. The business will not be issued licensed until all inspections have been completed and approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please be advised that the information you provide on this form may be subject to the Freedom of Information Act (5) ILCS 140)

\*\*\*\*\*  
**For Official Use only:**

License Fee: \_\_\_\_\_

License Type: \_\_\_\_\_

License valid from \_\_\_\_\_ to \_\_\_\_\_

Initial Application ☐

Renewal Application ☐

Administrator \_\_\_\_\_ ☐ Pass ☐ Fail \_\_\_\_\_

Electrical Inspector \_\_\_\_\_ ☐ Pass ☐ Fail \_\_\_\_\_

Mechanical Inspector \_\_\_\_\_ ☐ Pass ☐ Fail \_\_\_\_\_